

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO

10676424

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2	/					
3		1				
4		1				
5		2				
6		2				
7		2				
8		2				
9	/					
10	/					
11		2				
12		2				
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15	/					
16		1				
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50						
TOTAL IND.	8					
TOTAL DEP.	72					
TOTAL CLAIMS	80					

  

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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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